

## APPLICATION FOR LABORATORY CERTIFICATION



**KENTUCKY  
DEPARTMENT  
FOR  
ENVIRONMENTAL  
PROTECTION**

*Mail completed form to:*  
**DIVISION OF WASTE MANAGEMENT  
 UNDERGROUND STORAGE TANK BRANCH  
 200 FAIR OAKS LANE, SECOND FLOOR  
 FRANKFORT, KENTUCKY 40601  
 (502) 564-5981  
<http://waste.ky.gov/ust>**

**FOR STATE USE ONLY**

### GENERAL INFORMATION

To be certified by the Underground Storage Tank Branch (USTB), laboratories shall show current accreditation by the American Association for Laboratory Accreditation (A2LA) OR a state National Environmental Laboratory Accreditation Program (NELAP) accrediting authority.

### TYPE OF APPLICATION

☐ Lab Certification

Certification # \_\_\_\_\_

### APPLICANT INFORMATION

### LABORATORY INFORMATION

(If different than Applicant)

APPLICANT NAME:			LABORATORY NAME:		
APPLICANT MAILING ADDRESS:			LABORATORY ADDRESS:		
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER:	FAX NUMBER:		TELEPHONE NUMBER:	FAX NUMBER:	
LEGALLY AUTHORIZED REPRESENTATIVE:		TELEPHONE NUMBER:	LEGALLY AUTHORIZED REPRESENTATIVE:		TELEPHONE NUMBER:

### LABORATORY CERTIFICATION DOCUMENTATION TO BE SUBMITTED

(If all documentation is not complete and submitted, a review will not be completed)

☐ The approved analytical table(s) provided from either A2LA or NELAP accrediting authority for this applicant and the branch offices listed below (if applicable).

☐ Evidence of accreditation from either A2LA or NELAP accrediting authority. If the application includes more than one (1) branch office, evidence of accreditation shall be attached for *each* branch office.

### LISTING OF ALL BRANCH OFFICES THAT ARE ACCREDITED BY A2LA or NELAP

(if applicable)

CONTACT NAME:	COMPLETE MAILING ADDRESS:	TELEPHONE NUMBERS:
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	

	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	

### LABORATORY CERTIFICATION

I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE.

PRINTED NAME OF APPLICANT (Or Authorized Representative):	TITLE:
SIGNATURE OF APPLICANT (Or Authorized Representative):	DATE:

#### FOR STAFF USE ONLY:

- ☐ Laboratory Certification Approved      Date: \_\_\_\_\_      Staff Signature: \_\_\_\_\_  
☐ Laboratory Certification Denied      Date: \_\_\_\_\_      Date Laboratory Accreditation Expires: \_\_\_\_\_

If you have questions on how to fill out this form or to request a review of your site records, please contact the USTB at (502) 564-5981 or visit our website at <http://waste.ky.gov/ust>.

\*\*RETAIN A COPY OF THIS FORM FOR YOUR RECORDS\*\*